

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031618

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 5011 Registrar's No. 83

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) Carrollton		c. CITY OR TOWN Carrollton R. 4	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carroll Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6 W. E. of Carrollton
3. NAME OF DECEASED (Type or print) WELTHA YOUNG		4. DATE OF DEATH Month Aug. Day 13 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/21/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 72
11a. FATHER'S NAME George Morris		11b. MOTHER'S MAIDEN NAME Mannie Reyburn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Wm. Shields, Carrollton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Neck of Femur Right DUE TO (b) Senility - Arteriosclerosis DUE TO (c) Diabetes		INTERVAL BETWEEN ONSET AND DEATH 3 Months 8 yrs 10 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis of voice - 1 muscle from throat		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:45 A. Month, Day, Year May 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Carrollton Mo.	
21. I attended the deceased from May 1963 to Aug 13 1963 and last saw her alive on Aug 11 1963		Death occurred at 12:45 A. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Eugene L. Bales M.D.		22b. ADDRESS 16 N. Ford St. Carrollton Mo.	
22c. DATE SIGNED 8-14-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 8/15/63		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.	
23d. LOCATION (City, town, or county) Kansas City Mo.		24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo.	
25. DATE RECD. BY LOCAL REG. Aug 13 - 1963		26. REGISTRAR'S SIGNATURE Mary Dean	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ben W. H. H. H.

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.